



---

**§483.25(d) F315 – RESIDENT with URINARY INCONTINENCE**

**Based on QIS CE Pathway CMS-20068 - Urinary Incontinence, Urinary Catheter, UTI**

**<http://www.aging.ks.gov/Manuals/QISManual.htm>**

**Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool for staff to complete on a resident with urinary incontinence or who requires care and services for the restoration or maintenance of bladder function. Additional critical thinking skills should be applied for a thorough evaluation.**

**DATE DUE:** \_\_\_\_\_

**RESIDENT NAME:** \_\_\_\_\_

**DATE(S) OF COMPLETION:** \_\_\_\_\_

**STAFF COMPLETING RESIDENT REVIEW:** \_\_\_\_\_

**RESIDENT CRITERIA** – Check criteria applicable to resident selected for review.

- ☐ Urinary Incontinence
- ☐ Requires care and services for restoration or maintenance of bladder function
- ☐ Symptomatic Urinary Tract Infection

**CODING INSTRUCTIONS:**

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings:
  - Check the appropriate box: Yes ☐ No ☐
  - If the item does not apply to the resident leave the box blank.

## **F315 – RESIDENT with URINARY INCONTINENCE**

---

### **Review ASSESSMENT**

**Does Care Area Assessment (CAA) specify or direct to documentation in clinical record** (history & physical, physician orders, progress notes, nurses' notes, pharmacist reports, lab reports, and any flow sheets or forms) that accurately and comprehensively assesses resident's overall condition of having urinary incontinence including the following:

- ☐ ☐ Description of urinary incontinence, including the cause
- ☐ ☐ Patterns of incontinent episodes, daily voiding patterns, or prior toileting routines
- ☐ ☐ Type of incontinence (stress, urge, overflow, functional, or transient incontinence) and contributing factors
- ☐ ☐ Resident's response to care and services for restoration or maintenance of bladder function, such as toileting programs
- ☐ ☐ Risks or conditions that may affect resident's urinary continence (e.g., impaired neurological; cognitive or physical functioning; inability to recognize the urge to void; behaviors such as resisting care that might interfere with continence; diagnosis such as depression, stroke, diabetes mellitus, Parkinsonism, UTIs, prolapsed uterus, prostatic hypertrophy, obesity, urinary retention; use of pessary; fecal impaction; pain; end of life)
- ☐ ☐ Potential psychosocial complications of incontinence, such as social withdrawal, embarrassment, humiliation, isolation, and resignation
- ☐ ☐ Medication use, its effect on continence, and potential adverse drug reactions
- ☐ ☐ Fluid intake and hydration status
- ☐ ☐ Environmental factors that impede or facilitate ability to maintain bladder continence, such as access to the toilet, call light, clothing, continence products, ambulation devices (walkers, canes), restraints or, side rails
- ☐ ☐ Type and frequency of physical assistance necessary to facilitate toileting
- ☐ ☐ Strengths and abilities of the resident that can contribute to improving continence status
- ☐ ☐ Causal and contributing factors of resident's resistance to care
- ☐ ☐ Rationale for care plan objective and goal

### **Review CARE PLAN**

#### **Care Plan:**

- ☐ ☐ Has quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, risks and strengths
- ☐ ☐ Based upon resident choices and preferences, and interdisciplinary expertise

## F315 – RESIDENT with URINARY INCONTINENCE

---

- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Promotes resident dignity

### **Review CARE PLAN continued**

- ☐ ☐ Consistent with current standards of practice

#### **Interventions include:**

- ☐ ☐ Sufficient specificity to guide provision of care and services for incontinence
- ☐ ☐ Minimization of psychosocial complications of incontinence such as social withdrawal, embarrassment, humiliation, isolation, and resignation
- ☐ ☐ Management of potential impact of medication and urinary tract stimulants and irritants,( e.g., caffeine in foods and beverages) on continence
- ☐ ☐ Measures to promote sufficient fluid intake, including alternatives such as food substitutes that have a high liquid content, if resident has reduced fluid intake
- ☐ ☐ Techniques to prevent skin breakdown from prolonged exposure to urine
- ☐ ☐ Approaches to minimize risk of infection, including when providing personal hygiene
- ☐ ☐ When care plan refers to nursing home protocol for continence management, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol referenced in care plan available to caregivers and staff familiar with protocol requirements

#### **For resident who is on a scheduled toileting or restorative toileting program, e.g. retraining, habit training, scheduled voiding, and prompted voiding, toileting devices), care plan also:**

- ☐ ☐ Identifies type of urinary incontinence and toileting program based on resident's voiding/elimination patterns
- ☐ ☐ Identifies assistance needed based upon resident's cognitive and functional ability for participation
- ☐ ☐ Defines environmental approaches and devices needed to promote independence in toileting and to maintain continence

### **Review CARE PLAN REVISION**

#### **Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:**

- ☐ ☐ Achieving outcome and/or effects of goals and interventions
- ☐ ☐ Decline or lack of improvement in continence status
- ☐ ☐ Complication of skin breakdown due to incontinence

## **F315 – RESIDENT with URINARY INCONTINENCE**

---

- ☐ ☐ Failure or inability to comply with toileting program, and alternative approached developed to maintain or improve continence status

### **Review CARE PLAN REVISION continued**

- ☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Change in resident's level of participation in toileting program and response to care plan
- ☐ ☐ Resident's refusal or resistance to toileting program and other services requiring alternative means to address continence status

### **OBSERVE RESIDENT**

**Observe whether staff consistently implement the care plan over time and across various shifts.**

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Current standards of practice followed in provision of care
- ☐ ☐ Toileting program/schedule followed as care planned
- ☐ ☐ Staff respond promptly to call light when resident needs assistance with toileting
- ☐ ☐ Does not express embarrassment or humiliation due to incontinence
- ☐ ☐ Received appropriate hygiene measures after incontinent episode to prevent skin breakdown from prolonged exposure of skin to urine, i.e. cleansing, rinsing, drying, and applying protective moisture barriers or barrier films
- ☐ ☐ Received care in accordance with infection control standards of practice, i.e., hand washing, wiping from front to back
- ☐ ☐ Potential signs and symptoms of symptomatic UTI or other changes in urine condition (such as onset of bloody urine, deepening/concentrating urine color, cloudiness, oliguria) recognized and managed

#### **Resident:**

- ☐ ☐ Skin free of skin integrity problems, i.e. maceration, erythema, erosion
- ☐ ☐ Clothing free of wetness
- ☐ ☐ Clothing free of urine odor
- ☐ ☐ Free of any negative outcomes related to provision of care and services
- ☐ ☐ Received a respectful response when experienced incontinent episode
- ☐ ☐ Received assistance to prevent incontinence episodes
- ☐ ☐ Experienced breakthrough incontinence less than one time daily

## **F315 – RESIDENT with URINARY INCONTINENCE**

---

### **Resident's Room:**

- ☐ ☐ Call button within resident's reach

### **OBSERVE RESIDENT continued**

- ☐ ☐ Pathway to toilet room accessible and unobstructed
- ☐ ☐ Adequate lighting to toilet room and in toilet room
- ☐ ☐ Elevated toilet seat present
- ☐ ☐ Grab bars present at toilet
- ☐ ☐ Bed pan, urinal, or commode readily and easily available and staff present to provide assistance with use
- ☐ ☐ Bed linen or Chairs or cushions free of brown circles or rings
- ☐ ☐ Bed linen and Chair or cushions free of urine odors
- ☐ ☐ Floor free of urine

### **Resident with hydration concerns:**

- ☐ ☐ Provided and encouraged to consume sufficient liquids to meet hydration needs and to address risks of UTI and constipation (approximately 30 ml/kg/day or as indicated based on resident's clinical condition)
- ☐ ☐ Provided alternative approaches to encourage fluid intake (such as frozen products, gelatins, soups) when s/he consumes less liquids than indicated

### **INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE**

- ☐ ☐ Were you involved in development of your care plan, approaches and goals?
- ☐ ☐ Do the care plan interventions reflect your choices and preferences?
- ☐ ☐ Can you tell me the type of toileting plan you have?
- ☐ ☐ Can you tell me how you use \_\_\_\_\_ (assistive devices or equipment)?
- ☐ ☐ Do you receive timely assistance for your toileting needs?
- ☐ ☐ Do you receive assistance with receiving water and other fluids to drink?
- ☐ ☐ Do you receive timely assistance for incontinence care and as indicated in your care plan?
- ☐ ☐ Can you tell me about any information or instructions you received to help improve or maintain your continence and how you use that information?
- ☐ ☐ Have you refused any treatments or care related to your incontinence or toileting program?

## **F315 – RESIDENT with URINARY INCONTINENCE**

---

- ☐ ☐ Have you participated in any discussions about the potential impact of your refusal of any intervention or treatment related to your incontinence or toileting program?

### **INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE continued**

- ☐ ☐ Did staff offer other alternatives or other approaches when you refused the intervention or treatment related to your incontinence or toileting program?
- ☐ ☐ Were you involved in revising any care plan strategies & interventions, when intervention or treatment related to your incontinence or toileting program did not work or you refused them?
- ☐ ☐ Are you free of having a urinary tract infection?
- ☐ ☐ Are you free of any discomfort related to having a urinary tract infection?

### **INTERVIEW NURSING ASSISTANT**

**Code based on person verbalizing appropriate answers on the questioned issue.**

- ☐ ☐ Tell me about the specific interventions and toileting program for the resident to restore or manage their bladder function.
- ☐ ☐ What training have you received on how to handle any devices used for the resident's toileting program? Tell me how you use them.
- ☐ ☐ What, when, and to whom do you report changes in status regarding changes in resident's bladder and bowel function, such as frequency and character of urine, changes in hydration status, concentrated urine, and complaints of potential UTI symptoms (e.g., change in odor, color, cloudiness)?

### **INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE**

**Code based on person verbalizing appropriate answers on the questioned issue.**

**Identify staff interviewed and their title.**\_\_\_\_\_

- ☐ ☐ How do you monitor implementation of the resident's care plan?
- ☐ ☐ How do you monitor changes in the resident's continence?
- ☐ ☐ How do you monitor the resident's skin condition?
- ☐ ☐ How do you monitor the status of the resident's UTIs?
- ☐ ☐ When the resident resists toileting/toileting program, how have staff been taught to respond?

## **F315 – RESIDENT with URINARY INCONTINENCE**

---

- ☐ ☐ What interventions have been attempted to promote continence (e.g., special clothing, devices, types and frequency of assistance, change in toileting schedule, change in diet/hydration, environmental modifications)?

### **INTERVIEW PRIMARY CARE NURSE OR CHARGE NURSE continued**

**For resident who receives services to restore or maintain bladder function, determine how services are provided to address:**

- ☐ ☐ The type of incontinence the resident has and the interventions that have been selected to address the specific type of incontinence.
- ☐ ☐ Ongoing monitoring of interventions for effectiveness (e.g., how continence is maintained or if there have been declines or improvement in continence, and how program is revised to address changes).
- ☐ ☐ Any physical or cognitive limitations the resident has that influences potential improvement of the resident's continence

### **INTERVIEW OTHER HEALTH CARE PROFESSIONALS**

**Complete if care provided or interventions defined do not appear to be consistent with recognized standards of practice.** Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment, and evaluation of the resident's condition or problem. If attending physician is unavailable, interview the medical director, as appropriate.

**Code based on practitioner or professional's provision of appropriate response to following questions.**

**Identify staff interviewed and their title.**\_\_\_\_\_

- ☐ ☐ How were the chosen interventions determined appropriate?
- ☐ ☐ What is the rationale for lack of interventions for identified risks?
- ☐ ☐ What changes in the resident's condition warrant additional or different interventions?
- ☐ ☐ How was the effectiveness of the current interventions validated?
- ☐ ☐ How do you monitor the approaches for continence programs (for example, policies/procedures, staffing requirements, how staff identify problems, assess the toileting pattern of the resident and develop and implement continence-related action plans; how staff monitor and evaluate resident's responses.)?

### **AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if the facility:**

## F315 – RESIDENT with URINARY INCONTINENCE

---

- ☐ ☐ Recognized, and consistently assess and address factors affecting the risk of impaired urinary function upon admission and as indicated thereafter
- ☐ ☐ Identified and applied relevant policies and procedures to manage urinary incontinence
- ☐ ☐ Implemented approaches to restore and/or manage the resident's continence based upon standards of practice

### **AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if the facility:**

- ☐ ☐ Provided care and treatment to prevent incontinence and/or improve urinary continence and restore as much normal bladder function as possible
- ☐ ☐ Implemented preventive interventions (such as bladder rehabilitative programs) in effort to improve bladder function or prevent urinary incontinence consistent with the resident's assessed need and current standards of practice
- ☐ ☐ Monitored and evaluated resident's response to preventive efforts and treatment interventions
- ☐ ☐ Revised approaches to interventions as appropriate
- ☐ ☐ Provided clinical justification for occurrence of urinary incontinence, or failure of existing urinary incontinence to improve

### **For resident who is at risk for, currently has or had a urinary tract infection:**

- ☐ ☐ Recognized and consistently assessed and addressed factors affecting risk of urinary tract infections and impaired urinary function upon admission and as indicated thereafter
- ☐ ☐ Identified and applied relevant policies and procedures to manage urinary tract infections
- ☐ ☐ Identified and managed symptomatic urinary tract infections or explained adequately why it could not be done.
- ☐ ☐ Implemented preventive interventions to try to minimize occurrence of symptomatic urinary tract infections & to address correctable underlying causes to remain consistent with the resident's assessed need and current standards of practice
- ☐ ☐ Monitored and evaluated resident's responses to preventive efforts and treatment interventions
- ☐ ☐ Revise approaches as appropriate
- ☐ ☐ Notified physician of resident's status or development of symptoms that may represent a symptomatic UTI (in contrast to asymptomatic bacteriuria).

### **QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE**

- ☐ ☐ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's, incontinence and/or symptomatic urinary tract infection and the impact upon the resident's function, mood, and cognition? F272
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment to restore as much bladder function as possible, and to prevent a urinary tract infection, to the extent possible, in accordance with the assessment, resident's wishes, and current standards of practice? F279



## **F315 – RESIDENT with URINARY INCONTINENCE**

---

- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

**FOLLOW UP "NO" ANSWERS TO DETERMINE NEED FOR CORRECTIVE ACTION PLAN AND REPEAT COMPLETION OF TOOL ON SAME RESIDENT WITHIN TWO WEEKS FOLLOWING IMPLEMENTATION OF CORRECTIVE ACTION.**